

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Patent Number	7,148,035
	Issue Date	December 12, 2006
	First Named Inventor	Carroll et al.
	Title	Polypeptide
	Art Unit	1648
	Examiner Name	A. R. Salimi
	Attorney Docket No.	31127/43656

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number: 04743

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☐ Practitioner(s) named below:

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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	Date 01/12/08
Name Peter Nolan	Telephone +44 1865783000
Title and Company Senior Vice President of Commercial Development, Oxford BioMedica (UK) Ltd.	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of 2 forms are submitted.

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).	
Dated: 7/1/2008	Signature: (Marshall P. Byrd)